



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

Telephone  
(860) 424-5693

Facsimile  
(860) 424-4860

TDD  
1-800-842-4524

KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Anthony Mastroianni  
HHC Regional VP, Finance  
William W. Backus Hospital  
326 Washington St.  
Norwich CT 06360-2742

Dear Mr. Mastroianni:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of William W. Backus Hospital.

#### Provider Specific Rates

Medicaid Provider ID	004025144
Wage Adjusted Conversion Factor	\$86.12
Cost-to-Charge Ratio for Outliers only	0.30025

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your

reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or [Theresa.Messner@ct.gov](mailto:Theresa.Messner@ct.gov).

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Patrick McCabe  
Sr. V.P. Finance/CFO  
Bridgeport Hospital  
267 Grant St.P.O. Box 5000  
Bridgeport CT 06610-0120

Dear Mr. McCabe:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Bridgeport Hospital.

#### Provider Specific Rates

Medicaid Provider ID	004025003
Wage Adjusted Conversion Factor	\$90.12
Cost-to-Charge Ratio for Outliers only	0.18095

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your

Mr. McCabe  
December 29, 2017  
Page 2 of 2

reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Richard Braam  
VP/Finance/CFO  
Bristol Hospital  
Brewster Rd.P.O. Box 977  
Bristol CT 06011-0977

Dear Mr. Braam:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Bristol Hospital.

#### **Provider Specific Rates**

Medicaid Provider ID	004025193
Wage Adjusted Conversion Factor	\$83.59
Cost-to-Charge Ratio for Outliers only	0.20115

#### **State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Carolyn Freiheit  
Hartford HealthCare Regional VP, Finance  
The Hospital of Central Connecticut  
100 Grand St.P.O. Box 100  
New Britain CT 06050-4000

Dear Ms. Freiheit:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of The Hospital Of Central Connecticut.

#### Provider Specific Rates

Medicaid Provider ID	004025243 007228692 007228694
Wage Adjusted Conversion Factor	\$83.59
Cost-to-Charge Ratio for Outliers only	0.33993

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Steven H. Rosenberg  
Sr. VP & CFO  
Danbury Hospital  
24 Hospital Ave.  
Danbury CT 06810-6099

Dear Mr. Rosenberg:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Danbury Hospital.

**Provider Specific Rates – Danbury Hospital**

Medicaid Provider ID	004025227 004025052
Wage Adjusted Conversion Factor	\$90.12
Cost-to-Charge Ratio for Outliers only	0.29612

**Provider Specific Rates – Danbury Hospital dba New Milford Hospital**

Medicaid Provider ID	008055717
Wage Adjusted Conversion Factor	\$83.59
Cost-to-Charge Ratio for Outliers only	0.29612

**State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Paul Beaudoin  
Chief Financial Officer  
Day Kimball Hospital  
320 Pomfret St.P.O. Box 6001  
Putnam CT 06260-0901

Dear Mr. Beaudoin:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Day Kimball Hospital.

#### Provider Specific Rates

Medicaid Provider ID	004024931 007228881
Wage Adjusted Conversion Factor	\$84.90
Cost-to-Charge Ratio for Outliers only	0.31930

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Mr. Beaudoin  
December 29, 2017  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Jeffrey Geoghegan  
Chief Financial Officer  
John Dempsey Hospital  
263 Farmington Ave.  
Farmington CT 06032-2805

Dear Mr. Geoghegan:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of John Dempsey Hospital.

#### Provider Specific Rates

Medicaid Provider ID	004025250
Wage Adjusted Conversion Factor	\$83.59
Cost-to-Charge Ratio for Outliers only	0.37078

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Mr. Geoghegan  
December 29, 2017  
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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Eugene J. Colucci  
Vice President, Finance  
Greenwich Hospital  
5 Perryridge Rd.  
Greenwich CT 06830-4697

Dear Mr. Colucci:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Greenwich Hospital.

#### **Provider Specific Rates**

Medicaid Provider ID	004025086
Wage Adjusted Conversion Factor	\$90.12
Cost-to-Charge Ratio for Outliers only	0.22570

#### **State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Mr. Colucci  
December 29, 2017  
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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

Telephone  
(860) 424-5693

Facsimile  
(860) 424-4860

TDD  
1-800-842-4524

KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Mark O'Neill  
VP/Finance/CFO  
Griffin Hospital  
130 Division St.  
Derby CT 06418-1377

Dear Mr. O'Neill:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Griffin Hospital.

#### Provider Specific Rates

Medicaid Provider ID	004025219
Wage Adjusted Conversion Factor	\$85.07
Cost-to-Charge Ratio for Outliers only	0.23319

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your

Mr. O'Neill  
December 29, 2017  
Page 2 of 2

reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or [Theresa.Messner@ct.gov](mailto:Theresa.Messner@ct.gov).

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Gerald Boisvert  
Chief Financial Officer  
Hartford Hospital  
80 Seymour St.P.O. Box 5037  
Hartford CT 06102-5037

Dear Mr. Boisvert:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Hartford Hospital.

#### Provider Specific Rates

Medicaid Provider ID	004025151 008020366
Wage Adjusted Conversion Factor	\$83.59
Cost-to-Charge Ratio for Outliers only	0.27775

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your

Mr. Boisvert  
December 29, 2017  
Page 2 of 2

reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Susan Schapp  
Chief Financial Officer  
Charlotte Hungerford Hospital  
540 Litchfield St. P.O. Box 988  
Torrington CT 06790-0988

Dear Ms. Schapp:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Charlotte Hungerford Hospital.

#### Provider Specific Rates

Medicaid Provider ID	004025011
Wage Adjusted Conversion Factor	\$83.59
Cost-to-Charge Ratio for Outliers only	0.36736

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

David M. Bittner  
Vice President & CFO  
Johnson Memorial Hospital  
201 Chestnut Hill Rd.  
Stafford Springs CT 06076-0860

Dear Mr. Bittner:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Johnson Memorial Hospital.

#### Provider Specific Rates

Medicaid Provider ID	004024980
Wage Adjusted Conversion Factor	\$83.59
Cost-to-Charge Ratio for Outliers only	0.30872

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your

reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Seth VanEssendelft  
Chief Financial Officer  
Lawrence and Memorial Hospital  
365 Montauk Ave.  
New London CT 06320-4769

Dear Mr. VanEssendelft:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Lawrence and Memorial Hospital.

#### Provider Specific Rates

Medicaid Provider ID	004024972 007228690
Wage Adjusted Conversion Factor	\$86.12
Cost-to-Charge Ratio for Outliers only	0.32019

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your

reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Michael Veillette  
Senior Vice President, Finance  
Manchester Memorial Hospital  
71 Haynes St.  
Manchester CT 06040-4188

Dear Mr. Veillette:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Manchester Memorial Hospital.

#### **Provider Specific Rates**

Medicaid Provider ID	008069213
Wage Adjusted Conversion Factor	\$83.59
Cost-to-Charge Ratio for Outliers only	0.18479

#### **State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your

reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Carolyn Freiheit  
Hartford HealthCare Regional VP, Finance  
MidState Medical Center  
435 Lewis Ave.  
Meriden CT 06451

Dear Ms. Freiheit:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of MidState Medical Center.

#### **Provider Specific Rates**

Medicaid Provider ID	004025078
Wage Adjusted Conversion Factor	\$85.07
Cost-to-Charge Ratio for Outliers only	0.33635

#### **State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Susan Martin  
Vice President/CFO  
Middlesex Hospital  
28 Crescent St.  
Middletown CT 06457-3650

Dear Ms. Martin:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Middlesex Hospital.

#### Provider Specific Rates

Medicaid Provider ID	004025102
Wage Adjusted Conversion Factor	\$83.59
Cost-to-Charge Ratio for Outliers only	0.20627

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Ms. Martin  
December 29, 2017  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

Telephone  
(860) 424-5693

Facsimile  
(860) 424-4860

TDD  
1-800-842-4524

KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Laura Smith  
Chief Financial Officer  
Milford Hospital  
300 Seaside Ave.  
Milford CT 06460-4603

Dear Ms. Smith:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Milford Hospital.

#### **Provider Specific Rates**

Medicaid Provider ID	004025094
Wage Adjusted Conversion Factor	\$85.07
Cost-to-Charge Ratio for Outliers only	0.25185

#### **State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your

Ms. Smith  
December 29, 2017  
Page 2 of 2

reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

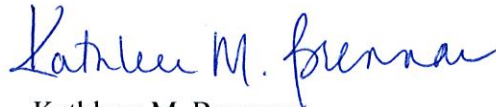
(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or [Theresa.Messner@ct.gov](mailto:Theresa.Messner@ct.gov).

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Patrick Minicus  
Vice President & CFO  
Norwalk Hospital  
Maple St.  
Norwalk CT 06856-5050

Dear Mr. Minicus:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Norwalk Hospital.

#### Provider Specific Rates

Medicaid Provider ID	004025235
Wage Adjusted Conversion Factor	\$90.12
Cost-to-Charge Ratio for Outliers only	0.30081

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your

reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Michael Veillette  
Senior Vice President, Finance  
Rockville General Hospital  
31 Union St.  
Vernon CT 06066-3160

Dear Mr. Veillette:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Rockville General Hospital.

#### **Provider Specific Rates**

Medicaid Provider ID	008069220
Wage Adjusted Conversion Factor	\$83.59
Cost-to-Charge Ratio for Outliers only	0.18072

#### **State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your

Mr. Veillette  
December 29, 2017  
Page 2 of 2

reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

David M. Bittner  
Vice President & CFO  
St. Francis Hospital and Medical Center  
114 Woodland St.  
Hartford CT 06105-1299

Dear Mr. Bittner:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of St. Francis Hospital and Medical Center.

#### **Provider Specific Rates**

Medicaid Provider ID	004024923
Wage Adjusted Conversion Factor	\$83.59
Cost-to-Charge Ratio for Outliers only	0.22850

#### **State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Chris Hayes  
Chief Financial Officer  
St. Mary's Hospital  
56 Franklin St.  
Waterbury CT 06706-1281

Dear Mr. Hayes:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of St. Mary's Hospital.

#### Provider Specific Rates

Medicaid Provider ID	004025060
Wage Adjusted Conversion Factor	\$85.07
Cost-to-Charge Ratio for Outliers only	0.20072

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Mr. Hayes  
December 29, 2017  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Stephen Franko  
Sr. VP & CFO  
St. Vincent's Medical Center  
2800 Main St.  
Bridgeport CT 06606-4292

Dear Mr. Franko:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of St. Vincent's Medical Center.

#### Provider Specific Rates

Medicaid Provider ID	004025185
Wage Adjusted Conversion Factor	\$90.12
Cost-to-Charge Ratio for Outliers only	0.27434

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Christian Bergeron  
Chief Financial Officer  
Sharon Hospital  
50 Hospital Hill P.O. Box 789  
Sharon CT 06069-0789

Dear Mr. Bergeron:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Sharon Hospital.

#### **Provider Specific Rates**

Medicaid Provider ID	008074565
Wage Adjusted Conversion Factor	\$83.59
Cost-to-Charge Ratio for Outliers only	0.25785

#### **State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Kevin Gage  
Chief Financial Officer  
Stamford Hospital  
Shelburne Rd. and West Broad St. P.O. Box 9317  
Stamford CT 06904-9317

Dear Mr. Gage:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Stamford Hospital.

#### Provider Specific Rates

Medicaid Provider ID	004024964
Wage Adjusted Conversion Factor	\$90.12
Cost-to-Charge Ratio for Outliers only	0.15138

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Mr. Gage  
December 29, 2017  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

KATHLEEN M. BRENNAN  
Deputy Commissioner

Telephone  
(860) 424-5693

Facsimile  
(860) 424-4860

TDD  
1-800-842-4524

December 29, 2017

Paul Golino  
Chief Financial Officer  
Waterbury Hospital  
64 Robbins St.P.O. Box 1590  
Waterbury CT 06721-1590

Dear Mr. Golino:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Waterbury Hospital.

#### Provider Specific Rates

Medicaid Provider ID	008069223
Wage Adjusted Conversion Factor	\$85.07
Cost-to-Charge Ratio for Outliers only	0.16460

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your

reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or [Theresa.Messner@ct.gov](mailto:Theresa.Messner@ct.gov).

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





# STATE OF CONNECTICUT

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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Anthony Mastroianni  
HHC Regional VP, Finance  
Windham Community Memorial Hospital  
112 Mansfield Ave.  
Willimantic CT 06226-2040

Dear Mr. Mastroianni:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Windham Community Memorial Hospital.

#### **Provider Specific Rates**

Medicaid Provider ID	004025110
Wage Adjusted Conversion Factor	\$84.90
Cost-to-Charge Ratio for Outliers only	0.34309

#### **State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your

reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or [Theresa.Messner@ct.gov](mailto:Theresa.Messner@ct.gov).

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Vincent Tammaro  
Chief Financial Officer  
Yale-New Haven Hospital  
20 York St.  
New Haven CT 06510-3202

Dear Mr. Tammaro:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Yale-New Haven Hospital.

#### **Provider Specific Rates**

Medicaid Provider ID	004025128
Wage Adjusted Conversion Factor	\$85.07
Cost-to-Charge Ratio for Outliers only	0.18618

#### **State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Patrick Garvey  
Chief Financial Officer  
CT Children's Medical Center  
282 Washington Street  
Hartford CT 06106

Dear Mr. Garvey:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of CT Children's Medical Center.

#### **Provider Specific Rates**

Medicaid Provider ID	004159978
Wage Adjusted Conversion Factor	\$89.96
Cost-to-Charge Ratio for Outliers only	0.29461

#### **State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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1-800-842-4524

KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Paul Maloney  
Vice President of Finance  
Natchaug Hospital  
189 Storrs Road  
Mansfield Center CT 06250

Dear Mr. Maloney:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Natchaug Hospital.

#### Provider Specific Rates

Medicaid Provider ID	004025276
Wage Adjusted Conversion Factor	\$78.49
Cost-to-Charge Ratio for Outliers only	0.40101

#### State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Mr. Maloney  
December 29, 2017  
Page 2 of 2

reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payments".

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
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1-800-842-4524

KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Laurie Whelan  
Senior Vice President Finance, CFO  
Hospital for Special Care  
2150 Corbin Avenue  
New Britain CT 06053

Dear Ms. Whelan:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Hospital for Special Care.

#### **Provider Specific Rates**

Medicaid Provider ID	004025326
Wage Adjusted Conversion Factor	\$78.49
Cost-to-Charge Ratio for Outliers only	0.48587

#### **State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

Jon Mace  
Chief Financial Officer/Controller  
Gaylord Hospital  
50 Gaylord Farm Road  
Wallingford CT 06492

Dear Mr. Mace:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Gaylord Hospital.

#### **Provider Specific Rates**

Medicaid Provider ID	004025284
Wage Adjusted Conversion Factor	\$79.88
Cost-to-Charge Ratio for Outliers only	0.44184

#### **State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
N. Holmes  
M. Gilbert





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KATHLEEN M. BRENNAN  
Deputy Commissioner

December 29, 2017

David M. Bittner  
Vice President & CFO  
St. Francis Hospital and Medical Center  
114 Woodland St.  
Hartford CT 06105-1299

Dear Mr. Bittner:

Pursuant to section 17b-239 of the Connecticut General Statutes, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 6.5% was applied to the conversion factor for the general acute care hospitals effective January 1, 2018.

Below are the rates and parameters effective for dates of service on or after January 1, 2018 for Medicaid patients of Mount Sinai Rehabilitation Hospital.

#### **Provider Specific Rates**

Medicaid Provider ID	004147725
Wage Adjusted Conversion Factor	\$78.49
Cost-to-Charge Ratio for Outliers only	0.36921

#### **State-Wide Parameters**

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,150.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Mr. Bittner  
December 29, 2017  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

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M. Gilbert